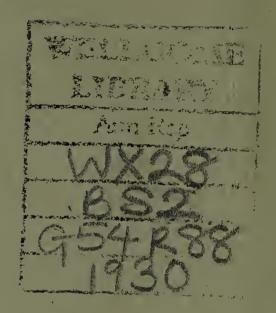
Royal Samaritan Hospital for Women Glasgow

MEDICAL AND CLINICAL REPORT

1st JANUARY, 1930 TO 31st DECEMBER, 1930



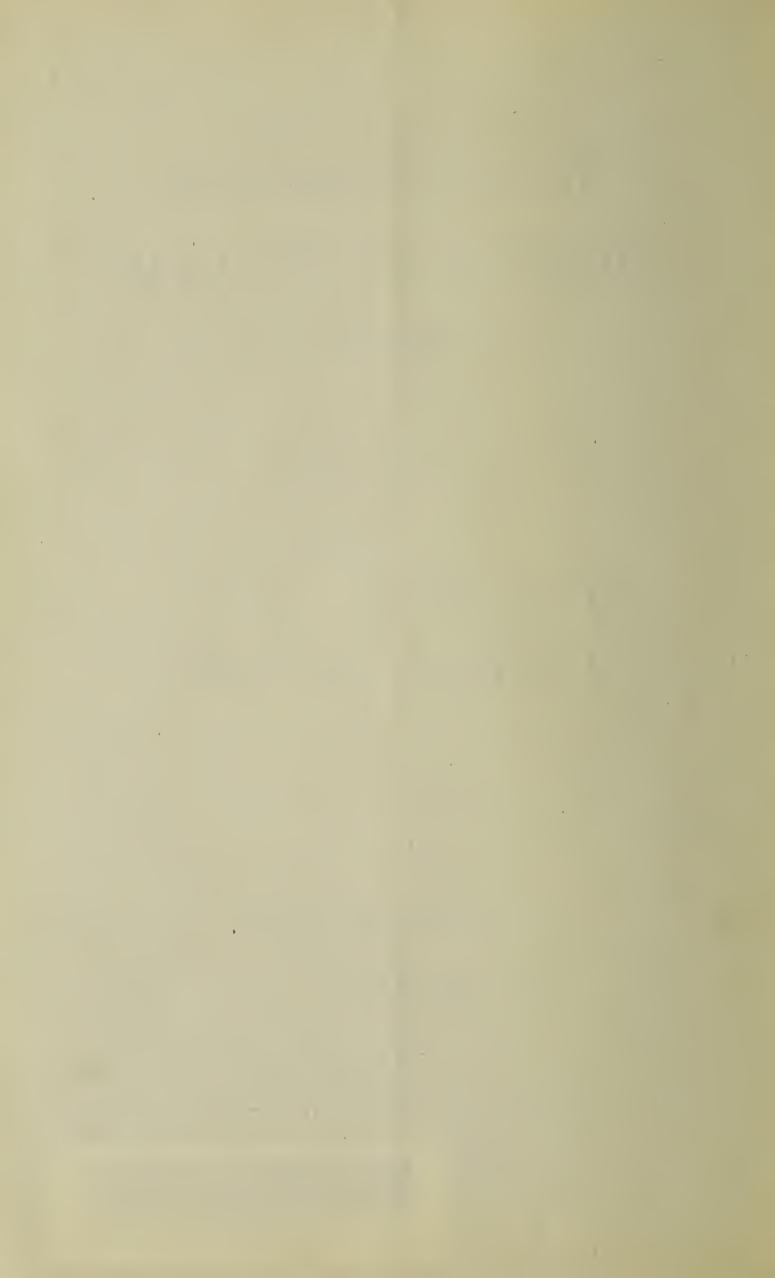


Royal Samaritan Hospital for Women Glasgow

MEDICAL AND CLINICAL REPORT

:: 1st JANUARY, 1930 :: TO

31st DECEMBER, 1930



ROYAL SAMARITAN HOSPITAL FOR WOMEN GLASGOW

(Incorporated by Act of Parliament)

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Secretary and Treasurer.

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Office-200 St. Vincent Street.

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University Lectureship (The Royal Samaritan Lectureship in Gynæcology)—DAVID SHANNON, D.L., T.D., M.B., Ch.B., F,C.O.G., L.M.

The Muirhead Research Scholarship—MABEL M. MACLEAN, M.B., Ch.B.

FOREWORD.

The Medical and Clinical Report for the past year is the second full Report since the recent large building extensions were completed; and on behalf of the Governors of the Hospital I have to express their grateful appreciation of the very valuable work again accomplished by their devoted Medical Staff as recorded in the following pages. Reviews of the previous Reports encourage the Governors to continue the publication of these Medical Statistical details separately and apart from the ordinary Annual Report, as it is recognised that they have a different appeal and should have an entirely different circulation. It is hoped that this record will be found of interest and value not only to Obstetricians and Gynæcologists, but also to general medical practitioners.

Special acknowledgments are due to Dr. Donald M'Intyre for preparing the original Schedule of Diseases and collecting, classifying and compiling the Statistics for this and previous Reports, and also to Dr. W. G. Mackay for his services in arranging the present Report.

THOS. MACQUAKER, Chairman of Governors, Royal Samaritan Hospital for Women.

Glasgow, June, 1931.

Royal Samaritan Hospital for Momen

MEDICAL STATISTICS of Patients whose Treatment was completed between 1st January, 1930, and 31st December, 1930.

The figures have been collected from four separate units working from a common schedule of diseases. The scheme followed is neither strictly anatomical nor pathological, and is as follows (Table VI.):—

A. REGIONAL.

Diseases primarily restricted to the following regions excluding mechanical injuries, hernias and displacements.*

Vulva, vagina, uterus, tubes, ovaries, ligaments, peritoneum and cellular tissue, urinary tract and breast.

The diseases for each region have been taken in the following order:

- (a) Disorders of function without macroscopic changes and developmental errors.
- (b) Conditions resulting from infection and calculi.
- (c) Hypertrophy, hyperplasia, neoplasms and cysts.
- (d) Circulatory disturbances.
- (e) Associated with pregnancy.

B. GENERAL.

This includes diseases affecting more than one region as specified in Group A. The following heads are treated:

- I. Malformations and developmental errors.
- 2. Diseased conditions resulting from infection.
- 3. Obstetric and other injuries, prolapse, displacements, fistulae and hernias.

^{*} These are placed in Section B. for comparison with one another though many properly belong to Section A.

C. DISEASES OUTWITH THE GENITAL AND URINARY TRACTS.

This is a selection of some of the more common conditions which although not gynæcological may be found of value in the list as being frequently associated with or simulating gynæcological conditions.

D. CONDITIONS NOT CLASSIFIABLE UNDER A, B, or C.

Gynæcological lesions are so very frequently multiple and appear in such a variety of combinations that a summation of cases under their complete pathological diagnosis would be a doubtful success. Where a combination of pathological conditions was present, these were treated separately and in order of importance.

The supply of information by the units to the clerk in charge of records is by means of a card, both sides of which are reproduced on the next page.

It is still found impossible to detail operative and other treatment alongside the pathological conditions present. It is felt that a detailed list of operations by itself conveys no information of value unless correlated to pathological lesions.

Royal Samaritan Hospital for Women GLASGOW.

Surgeon	Ward No Reg. No
Name	
Address	
AgeCountry of Bir	th
Religion	
Admitted	
Dismissed	

Number of Children	Miscarriages
Married	. Years.
Interval since terms last pregnand	$\left. egin{array}{ll} ination & of \ cy, \end{array} ight. ight.$
	Diag no sis
1	No
2	No
(In order of i	mportance if more than one.) erative Procedure
3	
• -	ved by A=Abdom. E.V.=Major Va f.V.=Minor Vag.)
Condition is due to	delete those not applicable)-
Infection association una Injury association Newgrowth (Error of deve	ssociated with child bearing. ssociated with child bearing. ated with child bearing. Fumor or Cyst).
D = 22.74	Н.

The Card is contained in a metal holder at the head of the patient's bed until she is dismissed from Hospital, when the details are entered on the back. The Card is then handed to the Clerk in charge of records.

TABLE I.

Total num						2,860*		
	,,	operat	ions	• •		2,537		
Mortality		• •				1.36%		
*Corrected for readmissions.								

TABLE II.

NATIONALITIES.

Scottish			• •			2,544
Irish						131
English						130
Russian						12
American						II
Italian						6
Welsh				• •		6
South Afri	can					5
French						3
Lithuanian	1					3
Canadian						2
Indian						2
Belgian					• •	ī
New Zeala	nder			• .•		Ī
Polish				* 4*		I
Rumanian					• •	T
West India		•	••	• •	• •	I
West Indi	un	• •	• •	• •	• •	1

TABLE III.

ETIOLOGICAL FACTORS (involved in the production of the pathological lesions as detailed in Table VI.)

(The sum total here will not correspond to the number of patients, as frequently more than one factor was present.)

patients, as frequently	more ma	an one re	actor w	as pre	sent.
Total number in which infec	tion asso	ociated	with o	child	
bearing was an etiological	factor		• • •	• • •	866
Total number in which infecti					
bearing was an etiological:	factor	• • •	• • •	• • •	416
Total number in which injury a	ssociated	with ch	nild bea	aring	
was an etiological factor					972
Total number in which newgro	owth (tui	mour o	cyst)	was	
present	• • •	• • •	• • •	• • •	611
Total number where error of de	-	J. J.			215
Total number where cause d	loes not	belong	to a	bove	
groups					554
No appreciable disease	• • •		• • •	• • •	206

TABLE IV.

- * The Etiological Factors for individual patients summarised according to the following numbered list:—
 - I. Infection associated with child bearing.
 - 2. Infection unassociated with child bearing.
 - 3. Injury associated with child bearing.
 - 4. Newgrowth (Tumour or Cyst).
 - 5. Error of development.
 - 6. Other than the above causes.
 - 7. No appreciable disease.

I	 	356	5 and 6 .	 19
2	 • •	209	I, 2 and 3 .	 4
3	 • •	499	1, 2 and 4 .	 IO
4 · ·	 • •	343	I, 2 and 6 .	 3
5	 • •	159	1, 3 and 4 .	 20
6	 • •	225	1, 3 and 5 .	 I
.7	 	206	I, 3 and 6 .	 27
I and 2	 • •	21	I, 4 and 6 .	 9
I and 3	 • •	258	I, 5 and 6 .	 I
I and 4	 • •	66	2, 3 and 4 .	 3
I and 5	 	2	2, 3 and 6 .	 I
I and 6	 	83	2, 4 and 5 .	 3
2 and 3	 	23	2, 4 and 6 .	 12
2 and 4	 • •	46	2, 5 and 6 .	 4
2 and 5	 • •	16	3, 4 and 6 .	 5
2 and 6	 • •	57	3, 5 and 6 .	 I
3 and 4	 • •	52	I, 2, 3 and 4:	 I
3 and 5	 	3	I, 2, 4 and 6.	 I
3 and 6	 	71	I, 3, 4 and 6.	2
4 and 5	 	5	2, 4, 5 and 6.	 I
4 and 6	 • •	31	1, 2, 3, 4 and 6	 I
	Total,		2,860	

* The etiological factor or factors for each patient is an expression of opinion from the clinic in which the patient was treated where the clinical features have been considered and the pathological report is known. They are not assumed from the diagnosis supplied.

TABLE V.

OPERATIONS.

Oldin	1110110.				
Total operations by the abdomin	al route	•••	•••	• • •	846
Total operations by the perineal	route	• • •	•••	•••	1,858
Abdominal operation alone	• • •	•••	• • •	•••	670
Abdominal operation plus major	vaginal	opera	ation	•••	7
Abdominal operation plus minor	vaginal	opera	ation	•••	169
Major vaginal operation alone	• • •	•••	• • •	• • •	152
Minor vaginal operation alone	•••	•••	• • •	•••	1,530
Operations not classifiable under	above		•••	• • •	9
·			Tot	al,	2,537
*Remainder (treatment under		nesia	other	than	
operative)		• • •	• • •	• • •	123
Examination under anaesthesia	• • •	•••	•••	• • •	40
No operation performed	•••	•••	• • •	•••	186
	1				

In some cases a patient has undergone more than one operation.

No rule is laid down with regard to differentiating a Major Vaginal Operation from a Minor. This is left to the surgeon in charge of the case.

* Insertion of Pessary, Radium Application, etc., etc.

TABLE VI.

TOTAL PATHOLOGICAL CONDITIONS.

This list records the different Pathological Lesions encountered in the 2,860 patients under consideration, and like Table III. the total number does not correspond to the number of patients as, in one patient, two or even three conditions may appear here.

				122011
Schedule Number.	DISEASE	Number of Cases.	Average Age.	Married.
			A.	REGIO Vul
8	Imperforate hymen Ulceration (benign)	1 3	25 35	I
10	Acute inflammation of Bartholin's Gland Abscess of Bartholin's Gland	1 8	28 34	· ·
15 16	Pruritis	6	36 45	5 ⁻ 1 4 1
19 22	Hypertrophy of labium majus Lipoma	I I	48 23	ı
23 25 26	Papilloma (benign) Sebaceous cyst Epithelioma	1 2 4	19 49 62	 I 2
27 31	Adeno-carcinoma	8	53 37	1 7
33 36	Unclassified (diseases restricted to vulva)	6	52 32	5
				Vag
37	Stenosis of vaginal orifice (congenital) Absence of vagina	4	3I 2I	4
39 40	Vaginal septum (congenital)	2 I	29	ı
41	Vaginal cyst (Gartner's duct)	I	21	I
42	Vaginismus	4 6	30	4
44	Acute vaginitis		32	4 3 7
45 46	Chronic vaginitis	12 1	36 45	7 I
47	Stenosis of vagina (inflammatory in	1	45	1
50	origin) Foreign body in vagina (including	3	33	2
	neglected pessaries)	I	38	I
52	Vaginal cyst (inflammatory in origin)	3	42	3

	Parc	ous Patien	TS.	n n .		cases in additional present.	es in tional	
Percentage	Average Number of Children.	Average Number of Miscarriages.	Interval since last Pregnancy.	Number of cases in which operation was performed.	Average Hospital Days.	Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Died. *
NAL.		• •		I	7	I		
67%	4	• •	$6\frac{8}{12}$ yrs.	I	II	• •	• •	•••
25% 100% 67%	5 3	• •	I2 yrs.	8	15 15 28	• •	• •	• •
67%	3	•25	4 yrs. 9 ₁ ⁹ yrs.	6 1	33	I	• •	
100%	I	• •	$\mathbf{I}_{\frac{1}{2}}^{\frac{0}{2}}$ yrs.	I	33 23 17 29	• •		• •
50 % 25 %	3 10	3	5 yrs. 31 yrs.	1 2 1	14 34 35	2 I	• •	• •
88% 100%	3 6	··· ·43	$5\frac{3}{12}$ yrs. 10 yrs.	8 1	35 24 18	2 1	ı	
67%	3	•5	$\log_{\overline{1}2}^6 \text{ yrs.}$	5	13	3	• •	• •
INA.					1			•
• •	• •	9 0	• •	4	20 - 12	2 2	• •	
				I	14	ī		
• •		• •	••	I	12	• •	• •	• •
···	т.	• •	TO 8 T/200	3 2	10	3 3 7	• •	• •
50% 58%	5	1.71	$13\frac{8}{12}$ yrs. $10\frac{5}{12}$ yrs.	II	11	3	••	• •
	••	• •		I	24	••	I	• •
67%	I	• •	$2\frac{1}{1}\frac{1}{2}$ yrs.	3	14	• •	• •	• •
100%	4 4	• •	8 yrs. 5 ² / ₁₂ yrs.	1 3	9	i	···	• •

^{*} Deaths are shown opposite primary, additional and terminal conditions, i.e., opposite each pathological lesion when more than one was present in the same patient.

-				
Schedule Number.	Disease.	Number of Cases.	Average Age.	Married.
	Trib	,		VAGINA
54	Fibroma	I	44	I
56	Vaginal cyst (neoplastic)	I	35	I
58	Unclassified (diseases restricted to	-	4.4	put
	vagina)	5	44	5
				UTE
6o	Absence of uterus	I	22	OIL
61	Underdevelopment of uterus—major		~~	
	degree (including rudimentary and			
	infantile uterus)	14	25	4
62	Underdevelopment of uterus—minor			•
	degree (including cases of acute			
	anteflexion with dysmenorrhæa and			
	sterility)	127	26	66
63	Uterus bicornis unicollis	I	36	I
64	Uterus septus	Ι	29 38	I
67	Atresia of cervix	I	38	I
70	Chronic corporeal endometritis	358	32	303
71	Senile endometritis	7	52 26	6
74	Chronic cervical endometritis Chronic endometritis and endocervicitis	15	36 34	13 22
75 7 ⁶	Cervical erosion	30 160	34 32	133
77	Cervical erosion and endocervicitis	12	34	133 12
77 78	Chronic metritis	120	39	115
79	Chronic metritis and endometritis	88	36	84
80	Inflammatory hypertrophy of vaginal		9	•
	cervix	56	41	55
8r	Simple adenoma of endometrium	2	43	2
82	Simple adenoma of cervix	I	46	•••
83	Simple general hypertrophy of uterus	2	34	2
84	Elongation of vaginal cervix (con-			
2 m & 26	genital)	3	33	2
85 & 86	Fibromyoma of body of uterus single —subserous	26	38	Т/7
	—Subscious	20	30	17

	D	D		 .g		n nal	n nal nt.	
	PAROU	JS PATIENTS	5.	tses i	g <u>å</u>	cases in addition present.	ases in Iditional present.	,
Percentage.	Average Number of Children.	Average Number of Miscarriages.	Interval since last Pregnancy.	Number of cases in which operation was performed.	Average Hospital Days.	Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Died.
	770	788			7			
—Contd. 100% 100%	I	••	13 $\frac{6}{12}$ yrs. 16 yrs.	I	24 17	ı	• •	• •
40%	3	•5	$12\frac{6}{12}$ yrs.	5	9	I	• •	• •
RUS.								
• •	• •	• •	• •	• •	9	I	• •	• •
•	1			_	74			
• •	• •	• •	••	8	IO	2	I	• •
7%	2	•78	$4\frac{1}{12}$ yrs.	120	9	19	2	• •
• •	• •	• •	• •	I	I9	 I	I	• •
100% 78%	3	• •	4 yrs.	I	14 14 14	••	• •	• •
78% 71%	3 3 6	·52 ·6	$4\frac{4}{12}$ yrs. $17\frac{1}{12}$ yrs.	354 7	14 18	127 2	27	• •
73 % 60 % .			$8\frac{2}{12}$ yrs.	15	15	7	2	• •
60%. 79%	3 4 3 2	1.22 2.21 3.31	$6\frac{4}{12}$ yrs. 5 yrs.	29 158	14 16	12 73	3 22	• •
92%	2	I.00	$6\frac{8}{12}$ yrs.	12	18	4	I	• •
92 % 93 % 93 %	4 4	.68 .83	$7\frac{6}{12}$ yrs. $6\frac{4}{12}$ yrs.	118 87	23 17	5 9 39	19 28	2 I
98%			$7\frac{8}{12}$ yrs.	56	20	39	9	• •
100%	4 6	·56 ·5	$\operatorname{II}_{\frac{6}{12}}^{\frac{6}{12}} \operatorname{yrs.}$	2	16	2	••	• •
100%	5	• •	$3\frac{6}{12}$ yrs.	I 2	14 21	2	• •	• •
33%	I	I	ı yr.	3	15	2	• •	• •
35%	3	•67	$9\frac{6}{12}$ yrs.	26	27	4	5	I

				TADUE
Schedule Number.	Disease	Number of Cases.	Average Age.	Married.
	,			TT
87 & 88	Fibromyoma of body of uterus single		19	UTERUS
0,000	—intramural	23	43	17
89 & 90	Fibromyoma of body of uterus single	-3	73	-/
	—submucous	14	45	12
92	Fibromyoma of body of uterus single—			
	intraligamentary, with non-			
22 8-24	malignant secondary change	2	35	I
93 & 94	Multiple fibromyomata of uterus	60 8	42	37
95	Fibromyoma of cervix	0	41	4
96	Fibromyoma of cervix, with non-malignant secondary change	4	1.4	2
07	malignant secondary change Mucous polypus of body	4	44 38	3 17
97 98	Mucous polypus of cervix	19 39	46	32
99	Fibroid or fibro-adenomatous polypus	39	40	34
99	of body	8	41	6
100	Fibro-adenomatous polypus of cervix		48	4
IOI	Adeno-myoma	4 3	43	3
104	Sarcomatous fibromyoma of uterus	I	44	I
105	Carcinoma of cervix—operable	13	44	13
106	Carcinoma of cervix—inoperable	72	50	72
107	Adenocarcinoma of body of uterus	17	54 *	13
108	Adenocarcinoma of body of uterus,			
	with fibromyoma	4	50	3
IIO	Delayed involution—superinvolution	4	28	3
III	Chronic subinvolution	120	38	119
II2	Placental polypus	I	43	I
113	Retained products of conception	12	30	12
114	Abortion—threatened	6	34	5
115	Abortion—incomplete Abortion—missed	48	31	43
116		3	31	3
119	Chorion epithelioma	I	29 42	I
120 124	Unclassified (diseases restricted to	1	44	
144	uterus)	14	32	10
			3-	
TO	5. Partial or palliative operations.		1	

106. Partial or palliative operations.

V1.								
	Paro	S PATIENT	s.	ses in on l	•	cases in additional present.	ases in Iditional present.	
Percentage.	Average Number of Children.	Average Number of Miscarriages.	Interval since last Pregnancy.	Number of cases in which operation was performed.	Average Hospital Days.	Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Died.
—Contd.								
48%	3	. 73	$12\frac{5}{12}$ yrs.	22	23	8	3	• •
79%	4	•64	$10\frac{1}{1}\frac{1}{2}$ yrs.	14	28	5	I	2
50% 45%	2 2	²	8 yrs. $11\frac{8}{12}$ yrs.	2 59	24 26	1 34	· · · 4	• •
38%	3	1.33	12 yrs.	8	24	I	I	I
50% 79% 72%	4 3 3	··· ·47 ·32	$13\frac{6}{12}$ yrs. $8\frac{9}{12}$ yrs. 14 yrs.	4 19 39	23 18 14	1 6 14	4 8	• •
63% 75% 67% 100% 100% 93% 59%	4 2 4 8 5 6 4	 .33 .85 .55	$13\frac{4}{12} \text{ yrs.}$ $12\frac{8}{12} \text{ yrs.}$ $10\frac{3}{12} \text{ yrs.}$ 9 yrs. $9\frac{6}{12} \text{ yrs.}$ $14\frac{9}{12} \text{ yrs.}$ $20\frac{6}{12} \text{ yrs.}$	8 4 3 1 11 15*	31 18 23 25 30 13 18	3 1 1 1 1 1 2		I
75% 100% 100% 100% 100% 100% 100% 100% 10	3 1 5 10 2 3 3 2	·75 ·54 ·83 ·83 ·98* I* ·7	$ \begin{array}{c} $	4 4 119 1 12 2 47 3 1	27 11 20 36 10 20 11 13 18 14	2 1 50 2 1 4 .1	44 I 2 	
64%	3	•44	$4\frac{11}{12}$ yrs.	8	14	4	• •	• •

115 and 116. Previous to present abortion.

				LADLIN
Schedule Number.	Disease.	Number of Cases.	Average Age.	Married.
				T
700	Caragal arrata		2.4	TUBES
130	Serosal cysts	2	-34	I
132	Hydrosalpinx	9	34	9
133	Salpingitis	16	33	14
137	Adeno-carcinoma	I	46	I
139	Tubal pregnancy—unruptured and		20	
T 4 T	without mole-formation	4	32	4
141	Tubal pregnancy — rupture — with pelvic hæmatocele	,	28	1
142	Tubal pregnancy—rupture into broad	4	20	4
142	ligament	I	39	т
143	Tubal abortion	6	39	6
144	Tubal abortion with pelvic hæmatocele	I	27	I
145	Tubal pregnancy of advanced develop-	_	~/	_
~73	ment	I	30	I
147	Chorion epithelioma	I	23	I
148	Unclassified (diseases restricted to Fal-			
·	lopian tubes)	2	30	I
				OVA
153	Sclerosis of ovary	2	27	I
154	Small cystic degeneration of ovary	178	33	149
155	Simple serous cyst	28	34	20
156	Cyst of corpus luteum	2	37	2
157	Pseudomucinous cyst-adenoma	12	40	9
158	Pseudomucinous cyst-adenoma, with		= 0	
T#0	torsion of pedicle	2	53	2
159	Pseudomucinous cyst-adenoma, with malignant transition	~	40	6
160	Pseudomucinous cyst-adenoma, with	7	49	
100	other secondary change	T	28	I
161	Serosal cyst-adenoma	19	31	17
162	Serosal cyst-adenoma, with torsion of	19	71	-/
104	pedicle	I	29	
	F-43-22			

		V 1.									
,	Parot	US PATIENT	s.	ses in on l.		cases in additional present.	ases in Iditional present.				
Percentage.	Average Number of Children.	Average Number of Miscarriages.	Interval since last Pregnancy.	Number of cases in which operation was performed. Average Hospital Days.		Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Died.			
67% 56% 	3 	 •5 •33 ••	$9\frac{8}{12} \text{ yrs.}$ $8\frac{2}{12} \text{ yrs.}$ $1\frac{5}{12} \text{ yrs.}$	2 9 16 1	23 22 32 19	1 3 7 	1 6 4 1	• •			
100%	3	• •	$I_{\frac{8}{12}}$ yrs.	4	24	2	• •	• •			
100% 100% 100%	8 I I	.33	2 yrs. $4\frac{2}{12}$ yrs. $\frac{2}{12}$ yr.	1 6 1	21 22 25	I 		I 			
100% 100%	• •	2	$\frac{1}{12}$ yr.	I	29 46	• •	• •	• •			
• •	• •	• •	• •	2	8	• •	• •	I			
72% 64% 50% 58%	3 4 4 2	 .64 .53 I	$5\frac{4}{12}$ yrs. $5\frac{3}{12}$ yrs. 19 yrs. $13\frac{2}{12}$ yrs.	1 176 28 2 12	6 22 24 32 20	94 10 1	53 5 	3 			
100%	4	• •	$16\frac{6}{12}$ yrs.	2	25	ı ՝	• •	• •			
71%	4	•4	$13\frac{5}{12}$ yrs.	7	21	I	• •	3			
100% 63%	I 2	·· ₅ 8	7 yrs. 4 ⁴ / ₁₂ yrs.	19	24 27	8	3	···			
••	• •	• •	••	I	52	• •	•••	• •			

Schedule Number.	Disease.	Number of Cases.	Average Age.	Married.
165 169 171 172 174 177 179 182	Dermoid cyst	6 9 4 2 1 1 3	40 37 55 49 35 65 37	OVA 5 7 4 2 1 1 3
183 184 185 186 187 188 189 190	Fimbrial cyst		32 NTS, PER 28 35 35 27 35 58 36 40	
201 205 206 207 212 219 221 227	Chronic nephritis Acute cystitis Chronic cystitis Pyelitis Tuberculosis of kidney and bladder Urethral caruncle Papilloma of bladder Unclassified (diseases restricted to urinary tract)	I 2 19 1 1 20 1	U 36 51 48 33 55 49 74 45	RINARY 1 2 17 1 1 19 6

206 and 207. Cystcscopy, irrigation, or for treatment of additional lesion.

<u> </u>								
	Parot	JS PATIENT	s.	es in		es in itional sent.	es in itional esent.	
Percentage.	Average Number of Children.	Average Number of Miscarriages.	Interval since last Pregnancy.	Number of cases which operation was performed.	Average Hospital Days.	Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Died.
RIES— 83% 33% 100% 50% 100% 67%	Contd. 2 4 5 14 2 9 2	·8 ··· ·25 2 I 2	9_{12}^{2} yrs. 3_{12}^{6} yrs. 15 yrs. 7 yrs. 3_{12}^{11} yrs. 24 yrs. 5 yrs.	6 9 4 2 1 1 3	28 25 33 18 25 25 38	I 7 I I 2	2 I I	2 I
73% AND CEL 100% 100% 100% 100% 60% 100% 90%	4 LULAR 4 2 5 2 1 2 2	·18 TISSUE. ·5 ·33 ·67 I	3 yrs. 2 yrs. $11\frac{7}{12}$ yrs. 7 yrs. $1\frac{10}{12}$ yrs. $9\frac{8}{12}$ yrs. 24 yrs. $8\frac{8}{12}$ yrs.	I 4 3 4 I IO	24 25 12 33 18 55 24	3 3 1 7	I I	• • • • • • • • • • • • • • • • • • •
43%	2	·33	 12 yrs.	6	23 24	2	3	••
Tract. 100% 100% 79% 100% 100%	7 5 2 7 4	9 •5 •71 •••	$ \begin{array}{c c} \frac{2}{12} \text{ yr.} \\ 14 \text{ yrs.} \\ 16\frac{9}{12} \text{ yrs.} \\ \frac{3}{12} \text{ yr.} \\ 13\frac{1}{12} \text{ yrs.} \\ 15\frac{7}{12} \text{ yrs.} \\ \vdots \end{array} $	7* 1* 20	21 21 18 21 23 17 9	I 2 8	I	I ···
86%	8	1.17	$8_{\frac{7}{12}}$ yrs.	3	II	I	I	I

Schedule Number.	Disease	Number of Cases.	Average Age.	Married.
231 232 233	Chronic mastitis Fibro-adenoma Carcinoma—scirrhus	I 2 I	44 32 37	Bre I I
			В.	GEN
		MA	LFORMAT	IONS AND
ā43	Unclassified (but belonging to mal-			
	formations and errors of develop-			
	ment)	3	33	3
		~		
, ,		DISEA	SED CON	DITIONS
244	Acute inflammation of genital tract of			
6	puerperal origin	2	37	2
246	Acute salpingo-oophoritis without pus	_	20	_
	formation	I	30	Ι
247	formation	2	. 24	2
248	Chronic salpingo-oophoritis with pus	4	34	2
240	formation	13	42	13
249	Chronic salpingo-oophoritis without	13	4~	13
~77	pus formation	122	36	114
250	Salpingo-oophoritis of tuberculous		J.	
3	origin	II	30	II
251	Infection of genital tract and septi-			
	caemia	2	26	2
255	Syphilis	2	29	2
256	Unclassified (but belonging to diseased			
	conditions resulting from infection)	2	27	2

V 1.									
	Paro	US PATIENT	rs.		es in	•	cases in additional present.	es in tional esent.	
Percentage.	Average Number of Children.	Average Number of Miscarriages.	Interval since last Pregnancy.		Number of cases which operation was performed.	Average Hospital Days.	Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Died.
AST. 100% 50% 100%	2 2	••	7 yrs. 9 yrs. 7 yrs.		I 2 I	14 17 21	ı 	••	• •
ERAL.		,							
Errors o	F DEV	ELOPMEN	т.						, 5'
67%	3	I	2 yrs.		2	9	3		• •
RESULTIN	G FRO	m Infec	TION.						
100%	5	1.2	$3\frac{9}{12}$ yrs		2	7	2	• •	• •
100%	4	• •	$\frac{2}{12}$ yr.		• •	28	• •	• •	• •
50%	I	I	12 yrs.		2	48	I	• •	• •
92%	4	•5	$10\frac{1}{12} \text{ yrs}$	3.	13	23	6	2	I
81%	3	•63	$6\frac{9}{12}$ yrs	·	119	22	60	44	3
9%	I	I	15 yrs.		II	27	2	5	• •
50% 100%	I	2	$ \begin{array}{c c} & 8 \\ \hline & 10 \\ \hline & 10 \\ \hline & 12 \end{array} $ yr.		I 2	104 30	···	• •	• •
50%	I	• •	ı yr.		2	18	2	• •	

				1111111
Schedule Number.	Disease.	Number of Cases.	Average Age.	Married.
	Овѕтет	RIC AND	1	NJURIES, PSE AND
257 261	Non-obstetric injury to vulva Injury of urethral sphincter	I 2	19 38	I 2
263 263 &	Perineal laceration without involvement of sphincter ani Lacerated perineum and lacerated	186	39	182
267 263 &	cervix	109	35	108
271 263 &	ment of sphincter ani) and cystocele Perineal laceration (without involve-	42	45	41
203 & 274	ment of sphincter ani) and incomplete prolapse, with hypertrophy of vaginal cervix	6	50	6
264	Perineal laceration with involvement		52	
265	of sphincter ani	48	33	46
265 267	Vaginal laceration Cervical laceration	2	46 24	222
268	Cervical laceration Cervical laceration, with occlusion of	241	34	232
200	cervical canal	2	27	2
269	Rupture of uterus		32	2
271	Cystocele	2 28	47	28
272	Prolapse—incomplete	63	46	6I
273	Prolapse, with elongation of supravaginal cervix	4	48	4
274	Prolapse, with hypertrophy of vaginal cervix	13	42	13
275	Prolapse and cystocele	8	46	8
276	Cystocele and rectocele	64	48	64
277	Rectocele	42	43	42
278	Complete prolapse (procidentia)	75	48	75
280	Inversion of uterus—chronic	2	57	I
281	Prolapse of ovary	3	27	2
282	Retroversion of uterus	170	30	152

V.4.	,							
	Parot	S PATIENTS	S.	ses in		cases in additional present.	ases in lditional present.	
Percentage,	Average Number of Children.	Average Number of Miscarriages.	Interval since last Pregnancy.	Number of cases which operation was performed.	Average Hospital Days.	Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Died.
Fistula Hernias	E, Dis	PLACEME	NTS,					
100%	2	• •	$4\frac{3}{12}$ yrs.	1 2	12 27	2	• •	• •
99%	4	•5	$6\frac{9}{12}$ yrs.	185	21	то8	35	• •
100%	4	•59	$4\frac{8}{12}$ yrs.	108	21	47	14	I
100%	5	.62	$II_{\frac{2}{12}}$ yrs.	40	22	16	2	• •
83%	7	·4	$13\frac{2}{12} \text{ yrs.}$	6	20	3	• •	• •
100% 50% 100%	3 4 3	·58 2 ·52	$4\frac{7}{12}$ yrs. 16 yrs. $4\frac{11}{12}$ yrs.	47 1 237	23 8 18	14 1 117	7 59	3
50% 100% 100% 100%	3 5 5	 .75 .44	$\begin{array}{c} \frac{3}{12} \text{ yr.} \\ \text{I}\frac{1}{12} \text{ yrs.} \\ \text{II}\frac{9}{12} \text{ yrs.} \\ \text{II}\frac{2}{12} \text{ yrs.} \end{array}$	2 2 27 59	10 29 20 23	2 14 14	2 13	••
100%	4	•25	$16\frac{2}{12}$ yrs.	4	22	I	• •	• •
100% 100% 98% 98% 100% 100% 33% 74%	4 6 5 5 6 7 2 2	·23 ·75 I·57 ·59 ·85 ·· ·· ·39	10 \frac{9}{12} yrs. 8 \frac{7}{12} yrs. 12 \frac{7}{12} yrs. 9 \frac{4}{12} yrs. 9 \frac{1}{12} yrs. 19 yrs. 7 yrs. 4 yrs.	13 8 64 42 71 2 3 167	21 20 24 25 26 25 17 19	4 1 20 21 8 2 3 71	2 1 8 8 3 	 2 2

				1	
Schedule Number.	DISEASE.		Number of Cases.	Average Age.	Married.
			0		
283	Retroversion of uterus, with pro-	lanse	OBSTET	RIC AND	OTHER
203	of ovaries	,1apsc	I	26	I
284	Retroflexion of uterus		74	32	70
285	Retoflexion of uterus, with pro-	-			-
0.6	of ovaries		I	26	I
286	Retrodisplacement of gravid ute		2	29	2
291	Vesico-vaginal fistula		5 1	41	4
292 293	Recto-vaginal fistula		6	30 40	6
293 299	Hydrocele of canal of Nuck		I	27	
300	Inguinal hernia	• •	5	30	4
301	Femoral hernia	• •	3	39	2
302	Umbilical hernia		2	4I	I
303	Ventral hernia		II	52	II
304	Ventral hernia, post-operative	• •	8	36	6
307	Unclassified (but belonging to obsended and other injuries, fistulae, placements, prolapse and hern	dis-	4	31	4
:	(C. DIS	EASES	OUTWI	TH THE
309	Anaemia, primary		I	43	I
311	Leukaemia, splenomedullary	• •	I	36	I
320	Cerebral haemorrage		I	57	I
326	Myocardial degeneration		I	59	I
327	Valvular disease of heart		I	31	r
334	Neurasthenia		I	31	I
337	Diabetes		7	39 38	7
338	Excessive deposit of fat (obesity		4	38	4
339	Panniculitis		3	38	2
346	Visceroptosis		6	25	6
347	Hyperemesis gravidarum	• •	0	31	0
			1	1	3

	1									
	Paro	US PATIENT	s.	ses in on l		ses in itiona sent.	ses in itiona esent.			
Percentage.	Average Number of Children.	Average Number of Miscarriages.	Interval since last Pregnancy.	Number of cases in which operation was performed.	Average Hospital Days.	Number of eases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Died.		
Injuries,	Etc.—	Cont.								
77%	3	 •51	$4\frac{4}{12}$ yrs.	1 69	7 20	 29	15	• •		
100% 100% 100% 100% 100% 80% 67% 100% 91% 75%	3 3 4 1 4 3 8 7 6 3	1	2 yrs. $\frac{4}{12} \text{ yr.}$ $9\frac{2}{12} \text{ yrs.}$ 3 yrs. $8\frac{3}{12} \text{ yrs.}$ $4\frac{7}{12} \text{ yrs.}$ $7\frac{6}{12} \text{ yrs.}$ 6 yrs. $11\frac{8}{12} \text{ yrs.}$ $9\frac{6}{12} \text{ yrs.}$	5 6 1 5 3 2 9	21 7 23 7 28 21 28 28 27 33 25	I I I 2 I 2 I 2 2	 I	I		
75%	3	•67	$3\frac{6}{12}$ yrs.	4	16	3	• •	• •		
GENITA	L AN	D URIN	ARY TRAC	TS.						
100% 100% 100% 100% 100% 100% 50% 67% 100% 100%	6 4 11 8 2 1 6 4 5 2 1	3 .5 I.5	2 yrs. 1\frac{5}{12} yrs. 14 yrs. 20 yrs. 3 yrs. 11 yrs. 7\frac{2}{12} yrs. 4 yrs. 9 yrs. \[\frac{7}{12} yrs. 1 \frac{7}{12} yrs. \]	 I I I 2 2 I 2	13 8 42 37 14 25 13 11 14 21	I I I 2 I I 2		I		

Schedule Number.	DISEASE.	Number of Cases.	Average Age.	Married.
350 354 356 357 358 359 360 361 362 363 364 365 367 368	Haemorrhoids	21 1 2 1 12 174 6 5 3 1 5 2 1	42 29 41 38 49 33 31 45 53 46 65 44 38 24	18 1 2 1 7 147 4 4 4 2 1 5 2
374 375 376	Normal pregnancy	NDITIO 54 206 16	29 31 33	50 151 12

^{*374.} In addition a number were examined under anaesthesia for purposes of diagnosis.

V 1.								
PAROUS PATIENTS.			ses in on on 1.		cases in additional present.	ses in itional resent.		
Percentage.	Average Number of Children.	Average Number of Miscarriages.	Interval since last Pregnancy.	Number of cases in which operation was performed.	Average Hospital Days.	Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Died.
81% 100% 100% 100% 100% 42% 70% 50% 80%	5 4 4 6 4 3 3	35 2 	$\begin{array}{c} 8\frac{6}{12} \text{ yrs.} \\ 2 \text{ yrs.} \\ 1\frac{2}{12} \text{ yrs.} \\ 5\frac{9}{12} \text{ yrs.} \\ 17 \text{ yrs.} \\ 7\frac{5}{12} \text{ yrs.} \\ 5 \text{ yrs.} \\ 11 \text{ yrs.} \\ 18\frac{5}{12} \text{ yrs.} \end{array}$	20 I I 2 I 12 I74 6 3	15 16 17 32 15 28 22 26	II 3 62 4	2 66 2	 I 1 5
33% 100% 100% 100%	5 5 3 2	··· ··6 ··5	4 yrs. 32 yrs. 8_{12}^{1} yrs. 3_{12}^{1} yrs.	3 1 5	19 42 28 11		•••	I
• •	• •	• •	• •	I	7	• •	• •	• •
55%	3	.63	$9\frac{3}{12}$ yrs.	21	18	7	3	6
IFIABLE	UND	ER A,	B, OR C.					
100% 50% 50%	2 3 4	·37 ·84 ·86	$1\frac{9}{12}$ yrs. $7\frac{3}{12}$ yrs. $5\frac{5}{12}$ yrs.	9* 137* 4*	8 9 9	:: 	2	• •
					•			

^{*375} and 376. Examination under anaesthesia; diagnostic curettage, cystoscopy, test of patency of tubes.

TABLE VII.

PRIMARY CONDITIONS.

This list records the number of conditions regarded as the primary lesion in the 2,860 patients under consideration:—

Schedule Number.	Disease.	 Number.	No. in which a second pathological condition was present.	condition
2	Imperforate hymen	I	I	
8	Ulceration (benign)	3		• •
10	Acute inflammation of	3	• •	• •
10	Bartholin's gland	ı		• •
II	Abscess of Bartholin's Gland	8		
15	Pruritus	I	• •	
16	Leukoplakia	5		• •
22	Lipoma	I		
23	Papilloma (benign)	I		• •
26	Epithelioma—vulva	4	I	• •
27	Adeno-carcinoma	I		
	Cyst of Bartholin's gland (or			
31	duct)	7	2	I
36	Unclassified (diseases restricted)			• •
	to vulva)	6	3	• •
37	Stenosis of vaginal orifice			• •
	(congenital)	2	• •	• •
39	Absence of Vagina	I	I	• •
41	Vaginal cyst (Gartner's duct)	I	• •	• •
42	Vaginismus	2	I	• •
44	Acute vaginitis	4 8	I	• •
45	Chronic vaginitis Senile vaginitis	ı	3	т.
46	Stenosis of Vagina (inflam-	1	*	I
47	matory in origin)	3		• •
50	Foreign body in vagina (in-	3	•	
30	cluding neglected pessaries)	ı		
52	Vaginal cyst (inflammatory in			
5-	origin)	ı		

31

PRIMARY CONDITIONS—Continued.

Schedule Number	Disease.	Number.	No. in which a second pathological condition was present.	No. in which a third pathological condition was present.
54	Fibroma	I	I	• •
56	Vaginal cyst (neoplastic)	I		
58	Unclassified (diseases re-			
	stricted to vagina)	4		
60	Absence of uterus	I	I	• •
61	Underdevelopment of uterus— major degree (including rudimentary and infantile uterus)	13	2	I
62	Underdevelopment of uterus— minor degree (including cases of acute anteflexion with	_		
	dysmenorrhoea and sterility)	122	16	I
64	Uterus septus	I	I	• •
67	Atresia of cervix	I	• •	• •
70	Chronic corporeal endometritis Senile endometritis	296 6	92	15
71	Chronic cervical endometritis	10	3	I I
74 75	Chronic endometritis and endo-		4	
	cervicitis	25	IO	3
76	Cervical erosion	87	22	0.0
77	Cervical erosion and endocer- vicitis	7	• •	• •
78	Chronic metritis	97	55	8
79	Chronic metritis and endo-			
	metritis	71	50	19
80	Inflammatory hypertrophy of			
	vaginal cervix	40	32	2
81	Simple adenoma of endome-			
	trium	I	I	• •
82	Simple adenoma of cervix	I	• •	• •
83	Simple general hypertrophy			
8.	of uterus Elongation of vaginal cervix	2	2	• •
84	(congenital)	2	I	
	(congenical)	4	1	• •
			1	

32

PRIMARY CONDITIONS—Continued.

Schedule Number.	Disease.	Number.	No. in which a second pathological condition was present.	No. in which a third pathological condition was present.
85 and 86	Fibromyoma of body of uterus single—subserous	21	4	I
87 and 88	Fibromyoma of body of uterus single—intramural	19	7	3
89 and 90	Fibromyoma of body of uterus single—submucous	II	3	I
92	Fibromyoma of body of uterus single — intraligamentary with non-malignant second-			
93	ary change	2	I	• •
and	uterus	55	33	3
94 95 96	Fibromyoma of cervix Fibromyoma of cervix, with non-malignant secondary	6	• •	• •
97	change Mucous polypus of body	4 12	1 3	···
98 99	Mucous polypus of cervix Fibroid or fibro-adenomatous	30	13	3
100	polypus of body Fibro-adenomatous polypus of	5	I	• •
TOT	cervix Adeno-myoma	3	I	• •
101 104	Adeno-myoma Sarcomatous fibromyoma of	3	2	I
·	uterus	ı	I	. •
105 106	Carcinoma of cervix—operable Carcinoma of cervix—inoper-	13	I	• •
100	able	72	I	• •
107	Adenocarcinoma of body of			,
108	uterus Adenocarcinoma of body of	16	2	I
100	uterus, with fibromyoma	3	I	0.0

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PRIMARY CONDITIONS—Continued.

Schedule Number.	Disease.	Number.	No. in which a second pathological condition was present.	condition
IIO	Delayed involution — super-			
	involution	4	I	• •
III	Chronic subinvolution	8i	55	24
113	Retained products of concep-			
	tion	9	I	
114	Abortion—threatened	9 6 48 3	I	• •
115	Abortion—incomplete	48	4	• •
116	Abortion—missed	3	I	• •
119	Cornual pregnancy,	I	• •	• •
124	Unclassified (diseases restricted)	**	_	
T00	to uterus)	11 6	6	• •
132	Hydrosalpinx	II	6	3 2
133 139	Tubal pregnancy—unruptured	11		4
139	and without mole formation	3	I	
141	. Tubal pregnancy—rupture—	3	-	• • •
	with pelvic hæmatocele	4	2	• •
142	Tubal pregnancy — rupture	•		
	into broad ligament	I	I	I
143	Tubal abortion	6	I	• •
144	Tubal abortion, with pelvic		The second secon	
	hæmatocele	I	• •	• •
145	Tubal pregnancy of advanced			
	development	I	• •	• •
147	Chorion epithelioma	I	• •	• •
148	Unclassified (diseases restricted to Fallopian tubes)	2	(
TEO	Sclerosis of ovary	2	• •	• •
153 154	Small cystic degeneration of	~	• •	• •
-34	ovary	66	35	9
155	Simple serous cyst	16	3	I
156	Cyst of corpus luteum	I	• •	. • •
157	Pseudomucinous cyst-ade-			
	noma	II	4	I
158	Pseudomucinous cyst-adenoma,			
	with torsion of pedicle	2	I	• •

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PRIMARY CONDITIONS—Continued.

Schedule Number.	Disease.	Number.	No. in which a second pathological condition was present.	No. in which a third pathological condition was present.
159	Pseudomucinous cyst-adenoma with malignant transition	7	I	
160	Pseudomucinous cyst-adenoma	7	1	• •
100	with other secondary change	I		
161	Serosal cyst-adenoma	14	6	I
162	Serosal cyst-adenoma, with	•		
	torsion of pedicle	° I	• •	•••
165	Dermoid cyst	5	2	I
169	Tarry cysts of ovary (endo-			
	metrioma)	4	3	I
171	Carcinoma—primary	4	• •	• •
172 182	Carcinoma—metastatic Unclassified (diseases restricted)	1	• •	• •
102	to ovaries)	5	2	I
184	Epoophoritic cyst (parovarian)	5 3 2	2	- 44-
185	Pelvic cellulitis	2	_	• •
186	Pelvic cellulitis, with abscess			
	formation	3		• •
187	Pelvic peritonitis	3 3	2	~~
189				,
	operative)	3	• •	• •.
194	Unclassified (diseases restricted			
	to ligaments, peritoneum and cellular tissue)	2		
201	cellular tissue) Chronic nephritis	I	ī	• •
205	Acute cystitis	2		• •
206	Chronic cystitis	17	I	• •
207	Pyelitis	Í		• •
212	Tuberculosis of kidney and			
	bladder	I		• •
219	Urethral caruncle	12	3	• •
221	Papilloma of Bladder	I	• •	● •
227	Unclassified (diseases restricted	6	-	
007	to urinary tract)	6	I	• •
23I 232	Chronic mastitis Fibro-adenoma	I	••	• •
	ribio-adenoma		• • 1	• •

35
PRIMARY CONDITIONS—Continued.

TRIMART CONDITIONS—Commune.						
Schedule Number.	Disease.	Number.	No. in which a second pathological condition was present.	condition		
233 243	Carcinoma—scirrhus, of breast Unclassified (but belonging to	I	••	• •		
246	malformations and errors of development)	I	I	• •		
246	Acute salpingo-oophoritis with- out pus formation Acute salpingo-oophoritis with	I	• •	• •		
247 248	pus formation	2	I	• •		
249	with pus formation Chronic salpingo-oophoritis—	II	6	2		
250	without pus formation Salpingo-oophoritis of tuber-	60	42	15		
251	culous origin	9	5	3		
255	septicaemia	2 I	• •	• •		
256	Unclassified (but belonging to diseased conditions resulting		_			
057	from infection)	I	I	• •		
257 261	Non-obstetric injury to vulva Injury of urethral sphincter	I 2	2	• •		
263	Perineal laceration without involvement of sphincter	~	-			
263	ani Lacerated perineum and lacer-	90	47	10		
and 267	ated cervix	72	24	5		
263 and	Perineal laceration without involvement of sphincter		-	• •		
271 263	ani and cystocele Perineal laceration without	32	8	• •		
and 274	involvement of sphincter ani and prolapse, with					
	hypertrophy of vaginal	-				
	cervix	5	2	• •		

PRIMARY CONDITIONS—Continued.

Schedule Number.	Disease.	Number.	No. in which a second pathological condition was present.	No. in which a third pathological condition was present.
264	Perineal laceration with in-	34	7	I
26=	volvement of sphincter ani		~	
265	Vaginal laceration Cervical laceration	2	1 60	
267	Cervical laceration Cervical laceration, with	125	60	10
268	occlusion of cervical canal			
269	Rupture of uterus	2 I	ı	• •
209 27I	Cystocele	21	9	• •
272	Prolapse—incomplete	50	9 14	6
273	Prolapse, with elongation of	50	-4	
2/3	supravaginal cervix	4	I	
274	Prolapse, with hypertrophy of	7	_	
~/~	vaginal cervix	II	4	I
275	Prolapse and cystocele	8	2	ī
276	Cystocele and rectocele	50	14	
277	Rectocele	20	7	5 1
278	Complete prolapse (procidentia)		ıı	3
280	Inversion of uterus—chronic	2	2	
282	Retroversion of uterus	126	65	23.
283	Retroversion of uterus, with			
	prolapse of ovaries	I		• •
284	Retroflexion of uterus	49	19	5
285	Retroflexion of uterus, with			
	prolapse of ovaries	I	• •	• •
286	Retrodisplacement of gravid			
	uterus	2	I	• •
291	Vesico-vaginal fistula	5	I	• •
292	Urethro-vaginal fistula	I	• •	• • '
293	Recto-vaginal fistula	5	I	• •
299	Hydrocele of canal of nuck	I	I	• •
300	Inguinal hernia	4	I	• •
301	Femoral hernia	2	• •	• •
302	Umbilical hernia	2 8	I	• •
303	Ventral hernia		• •	• •
304	Ventral hernia, post-operative	6	• •	• •
		-		

37
PRIMARY CONDITIONS—Continued.

Schedule Number.	Disease.	Number.	No. in which a second pathological condition was present.	condition		
307	Unclassified (but belonging to					
	obstetric and other injuries, fistulae, displacements, pro-					
	lapse and hernias)	3	2	• •		
309	Anæmia, primary	I	• •	• •		
311	Leukæmia—splenomedullary	I	• •	• •		
334	Neurasthenia	I	• •	• •		
337	Diabetes	4	• •	• •		
338	Excessive deposit of fat (obesity)	3 2	• •	• •		
339	Panniculitis		• •	• •		
346	Visceroptosis	2	2	• •		
347	Hyperemesis gravidarum	6	• •	• •		
350	Hæmorrhoids	9	I.	• •		
354	Anal fissure	I	• •	• •		
356	Coccygodynia	I	• •	• •		
357	Ischio-rectal abscess Diverticulitis	I	• •	• •		
358		I	• •	• •		
359	Acute appendicitis Chronic appendicitis	12	3 28	6		
360 361	C 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	74 I	I			
362	Carcinoma of alimentary tract		1	• .•		
363	Carcinoma of alimentary tract,	. 4	• •	• •		
303	with metastatic growth in					
	genital tract	3				
364	Acute cholecystitis	I				
365	Biliary calculi	4	3			
367	Hypothyroidism	$\frac{\tau}{2}$				
368	Exophthalmic goitre—hyper-					
3**	thyroidism	I				
373	Unclassified (but belonging to					
3/3	diseases outwith the genital					
	or urinary tract)	21	2			
374	Normal pregnancy	45	4	I		
375	No appreciable disease	206	• •			
376	No diagnosis supplied	16	• •	• •		

TABLE VIII.

BRIEF NOTES OF FATAL CASES.

- 1. Miss A. B. Age 32. Fibromyoma of uterus. Subtotal hysterectomy and unilateral salpingo-oophorectomy. Patient died on third day following operation of ileus paralyticus.
- 2. Mrs. J. R. Age 29. Tubal abortion. The patient was blanched and her pulse was small and rapid. The peritoneal cavity was full of blood. Salpingo-ooporectomy was performed. The patient died during the operation.
- 3. Miss I. H. Age 56. Carcinoma of body of uterus. Total hysterectomy and bilateral salpingo-oophorectomy were performed. The patient died of shock on the day after operation.
- 4. Mrs. N. W. Age 32. Retroversion of uterus. Dilatation and curettage and shortening of the round ligaments were performed. On the fifth day after the operation the patient died of pulmonary embolism.
- 5. Mrs. A. M'C. Age 61. Carcinomatosis of peritoneal cavity. The abdomen was greatly distended and the patient was very ill. Exploratory laparotomy was performed. There were tumour masses throughout the abdominal cavity and ascites. Death occurred on the third day after operation.
- 6. Mrs. E. F. Age 39. Small cystic ovary and lacerated cervix. Salpingo-oophorectomy and trachelorrhaphy were performed. The patient died three days after operation of cardiac failure.

- 7. Miss M. G. Age 41. Malignant cyst-adenoma of ovary. The tumour filled the abdominal cavity; it was adherent to bowel and infiltrating the broad ligament. Ovariotomy was performed. The patient died on the fifth day following the operation.
- 8. Mrs. M. B. Age 49. Sigmoid diverticulitis. An inflammatory mass occupied the left side of the pelvis and abdomen, densely adherent to surrounding structures and studded with purulent foci. The operation consisted of laparotomy and drainage. She died on the fifth day after operation.
- 9. Mrs. J. E. Age 36. Submucous fibromyoma of uterus. Subtotal hysterectomy and unilateral salpingo-oophorectomy were performed. The patient died on the sixth day after the operation from general peritonitis.
- of bladder, large bedsore. Six years previously a malignant ovarian cyst had been removed along with the uterus and other ovary. She died of septicaemia after six weeks in hospital. No operation was performed.
- II. Mrs. F. L. Age 61. Carcinomatosis of the peritoneum. Large tumour masses filled the entire abdominal cavity. The intestines were matted together and ascites was present. Exploratory laparotomy was performed. The patient died four days later.
- 12. Mrs. H. F. Age 50. Adeno-carcinoma of body of uterus. Total hysterectomy and bilateral salpingo-oophorectomy were performed. The patient died from shock.

- 13. Mrs. M. B. Age 46. Chronic salpingo-oophoritis. The pelvis was filled with adhesions and the structures were freed with difficulty. Bilateral salpingo-oophorectomy was performed and a drain placed in the pelvis. Four weeks later the patient died during suture of the drainage wound under anæsthesia.
- 14. Mrs. E. C. Age 70. Complete prolapse of uterus. Plastic operation by vaginal route. Patient died on the ninth day after operation. At autopsy, ante-mortem digestion of the œsophagus was found.
- 15. Mrs. M. C. Age 37. Small cystic ovary and lacerated cervix. Oophorectomy and trachelorrhaphy were performed. The patient died on the fourth day after the operation of pulmonary embolism.
- 16. Miss A. T. Age 43. Fibromyoma of cervix. The patient was anæmic and had tachycardia and exophthalmos. With a spinal anæsthetic total hysterectomy with bilateral salpingo-oophorectomy was performed. Death occurred three days after operation.
- 17. Miss J. L. Age 43. Vesico-vaginal fistula. Colpocleisis was performed and a catheter placed in the bladder. Three weeks after the operation the patient died. At the post-mortem, chronic cystitis and myocardial degeneration were found.
- 18. Mrs. M. G. Age 58. Large multilocular psuedomucinous cyst-adenoma of ovary situated retroperitoneally. Subtotal hysterectomy and oophorectomy were performed. The patient died four days later from ileus paralyticus.
- 19. Mrs. E. P. Age 36. Lacerated cervix, chronic metritis and small cystic ovaries. Amputation of the cervix, subtotal

hysterectomy and bilateral salpingo-oophorectomy were performed. The patient died from shock on the day following the operation.

- 20. Mrs. M. P. Age 63. Cystic adeno-carcinoma of ovary. The tumour filled the entire abdomen and was very adherent to its surroundings. Oophorectomy was performed. Death occurred from cardiac failure on the thirteenth day after operation.
- No operation was performed. After six days in hospital she died. At the post-mortem cystitis and pyonephrosis were found.
- 22. Miss E. F. Age 24. Bilateral tuberculous salpingo-oophoritis. There were extensive adhesions in the lower abdomen and pelvis. The tubes were thickened and distended with caseous material and both ovaries contained cavities filled with thick pus. After separating adhesions, the tubes and ovaries were removed. The patient died the following day of shock.
- 23. Mrs. M. A. Age 54. Submucous pedunculated fibromyoma and chronic inversion of uterus. The fibromyoma was removed and a repositor inserted. Four days later total hysterectomy was performed. The patient died of general peritonitis on the fifteenth day after the second operation.
- 24. Mrs. M. R. Age 52. Small cystic ovaries and chronic metritis. Bilateral salpingo-oophorectomy and subtotal hysterectomy were performed. Death occurred on the fifth day after operation from ileus paralyticus.

- 25. Mrs. A. S. Age 41. Carcinoma of stomach with metastatic deposits in pelvis. The patient was emaciated. There was ascites, an epigastric tumour as large as a melon, and secondary masses on the pelvic floor. Exploratory laparotomy was performed. The patient died ten days later.
- 26. Miss M. H. Age 45. Dermoid cyst of ovary. Salpingo-oophorectomy was performed. Sixteen days later death occurred. At the post-mortem, polycystic disease of the kidneys and cirrhosis of the liver were found.
- 27. Mrs. A. C. Age 65. Inoperable carcinoma of cæcum. Exploratory laparotomy was performed. The patient died of pneumonia four days after operation.
- 28. Mrs. C. G. Age 59. Peritoneal adhesions. The patient suffered from myocardial degeneration. The operation consisted of laparotomy and division of adhesions. Three days later she died suddenly from cardiac failure.
- 29. Mrs. M. C. Age 50. Multilocular pseudomucinous cyst of ovary. A large spherical swelling occupied the whole abdomen. Bilateral oophorectomy was performed also trachelorrhaphy and colpo-perineorrhaphy. The patient died on the fourth day after operation from general peritonitis.
- 30. Miss H. M'F. Age 60. Submucous pedunculated fibromyoma of uterus with chronic inversion of uterus. Vaginal hysterectomy was performed. Death occurred on the fifth day from general peritonitis.
- 31. Mrs. M. D. Age 44. Chronic metritis, small cystic ovary and lacerated cervix. Total hysterectomy and salpingo-oophorectomy were performed. The patient died ten days later from general peritonitis.

- 32. Mrs. H. F. Age 35. Bilateral dermoid cysts complicating pregnancy. A dermoid cyst about the size of an orange was situated in each ovary. The uterus was three months' pregnant. Bilateral oophorectomy was performed. She died on the fifth day of ileus paralyticus, and acute dilatation of the heart.
- 33. Mrs. M. R. Age 32. Chronic appendicitis and small cystic right ovary. The appendix and right ovary were removed. She died of shock eight hours after the operation.
- 34. Mrs. M. C. Age 63. Carcinomatosis of the peritoneal cavity. Operation—exploratory laparotomy. Died on fourth day.
- 35. Mrs. M. W. Age 59. Large multilocular pseudomucinous cyst-adenoma of ovary, adherent to bowel and uterus. Subtotal hysterectomy and oophorectomy were performed. The patient died of general peritonitis on the third day after operation.
- 36. Mrs. J. M'M. Age 50. Metastatic carcinoma of ovaries. The patient suffered from bronchitis and myocardial degeneration. Under spinal anæsthesia the tumours were removed. The patient's circulation became progressively more feeble after the operation and she died on the fifteenth day.
- 37. Mrs. H. M. Age 32. Adhesions in the pelvis and small cystic ovaries. The adhesions were divided and both tubes and ovaries were removed. The patient died on the fifth day after the operation from general peritonitis.

- 38. Miss E. C. Age 56. Pyloric stenosis. The patient was extremely emaciated. Gastro-enterostomy was performed. She died on the second day following operation from cardiac failure.
- 39. Mrs. E. B. Age 69. Inoperable carcinoma of cervix. Very ill. Radium was inserted under general anæsthetic. The patient died on the following day from cardiac failure.



